IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 083748 PIN# 4894 00 3230 (PART) DATE 10-20-99

OWNER OR CONTRACTOR CARL MYERS PHONE: Business _____ Home (704) 492-7137

ADDRESS 335 DUARD BEAVIS ROAD, MOCKSVILLE, NC 27028

LOCATION US 21 N, TR E. HOUSTONVILLE RD, TL SANDY SPRINGS ROAD, TL RENEGAR ROAD, 0.7 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.815 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 9-10-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

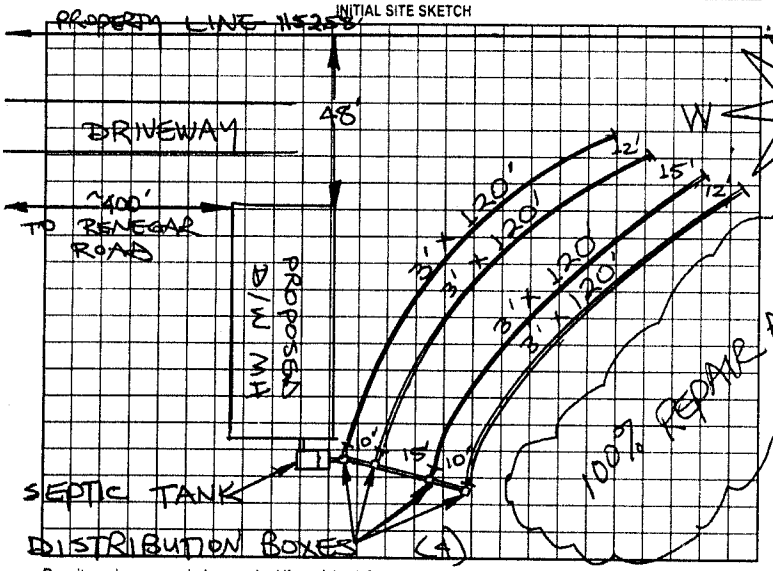
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL LINES ON CONTOUR AS FLAGGED, NO DEEPER THAN 30 INCHES.

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: [signature] date 10-20-99 Installed by: SHERMAN DUNN

Improvement Permit by: STEVE HEDRICK date 10-20-99 Operation Permit by: STEVE HEDRICK date 11-23-99

Authorization to Construct by: STEVE HEDRICK date 10-20-99 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK